

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>OW</i>	<i>37</i>	<i>6/18</i>
FORMALITY REVIEW	<i>HA</i>	<i>358</i>	<i>2/6/01</i>
RESPONSE FORMALITY REVIEW	<i>gm</i>	<i>927</i>	<i>02/22/02</i>

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	✓
2	✓
3	✓
4	0
5	✓
6	✓
7	✓
8	0
9	✓
10	✓
11	✓
12	✓
13	✓
14	✓
15	0
16	✓
17	0
18	0
19	✓
20	✓
21	✓
22	✓
23	✓
24	✓
25	0
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28	0
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30	✓
31	0
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34	✓
35	0
36	0
37	0
38	✓
39	✓
40	0
41	0
42	0
43	✓
44	✓
45	✓
46	✓
47	✓
48	0
49	0
50	✓

Claim	Date
Final Original	
51	✓
52	✓
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56	0
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Claim	Date
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BEST AVAILABLE COPY

Rev  
 2-6-17  
 8-6-01  
 2/22/02  
 11/7/02

more than 150 claims or 10 actions  
staple additional sheet here

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